



Evidence-Based Interventions That Work

Objective: Reducing youthful

initiation and use of tobacco products

Strong Evidence:

- Increasing the unit price for tobacco products.^{1,2}
- Mass media campaigns (when combined with other interventions such as tobacco product excise tax, schoolbased education or other community programs). 1,2

Sufficient Evidence:

 School-based education programs based on the social influence resistance model,^{2,3} especially when combined with education to correct misperceptions of prevalence of use.4

Insufficient Evidence: *

- Community interventions (without other interventions such as excise tax increase or media intervention).²
- Youth access restrictions (evidence exists that enforcement of laws restricts sales to minors, but insufficient evidence suggests it results in reduced use).2
- Peer-based interventions.²
- Penalties for possession and use by minors.²
- School policies to prohibit tobacco use on school grounds. 2

Objective: Decreasing the effects of environmental tobacco smoke (ETS)

Strong Evidence:

• Laws and ordinances that ban smoking in public buildings, worksites etc.1

Insufficient Evidence: *

Community education on ETS exposure in the home.¹

bjective: Increasing smoking cessation and reducing consumption

(a population-based approach)

Strong Evidence:

- Increasing the unit price for tobacco products.¹
- Mass media campaigns (when combined with other interventions such as tobacco product excise tax or other community programs).1
- Multicomponent patient telephone support (Quitlines), when combined with other interventions such as education, and/or therapies.1
- Health care system interventions to prompt health care providers to assess for tobacco use and counseling to patients.1
- Provider counseling to patients, including brief advice.¹
- Pharmacologic treatment of nicotine addiction (including use of nicotine patch and gum, and buproprion).⁵

Sufficient Evidence:

- Reminders to prompt providers to discuss cessation with patients.1
- Reducing out-of-pocket costs for effective cessation therapies.1

Insufficient Evidence: *

- Mass media cessation series.1
- Cessation contests using mass media for promotion.¹
- Provider education on tobacco and cessation.1
- Smoking cessation programs for youth.²

(continued, next pg.)

References:

¹Task Force on Community Preventive Services (Hopkins, D., et al). (2001). Recommendations Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke and Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke. American Journal of Preventive Medicine 20(2S): 10-52.

²Lantz, P., et al. (2001). Youth Smoking Prevention: What Works? The Prevention Researcher 8(2): 1-6.

³Centers for Disease Control and Prevention (CDC). (1999). Best Practices for Comprehensive Tobacco Control Programs – August 1999. Atlanta GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. ⁴Dusenbury, L., et al. (1997). A Review of the Evaluation of 47 Drug Abuse Prevention Curricula Available Nationally. Journal of School Health 67(4): 127-132.

⁵Task Force on Community Preventive Services (Hopkins, D., et al). (2001). Recommendations Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke and Reviews of Evidence Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke. American Journal of Preventive Medicine 20(2S):74-75.

Community Guide to Preventive Services website: http://www.thecommunityguide.org

*Note: Insufficient evidence does not mean the interventions have been found to be ineffective, rather the studies reviewed were insufficient to conclude the interventions were effective. The Task Force on Community Preventive Services recommends these strategies be used in combination with strategies that have strong evidence of effectiveness.

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